

# Council of State Governments (CSG) Briefing

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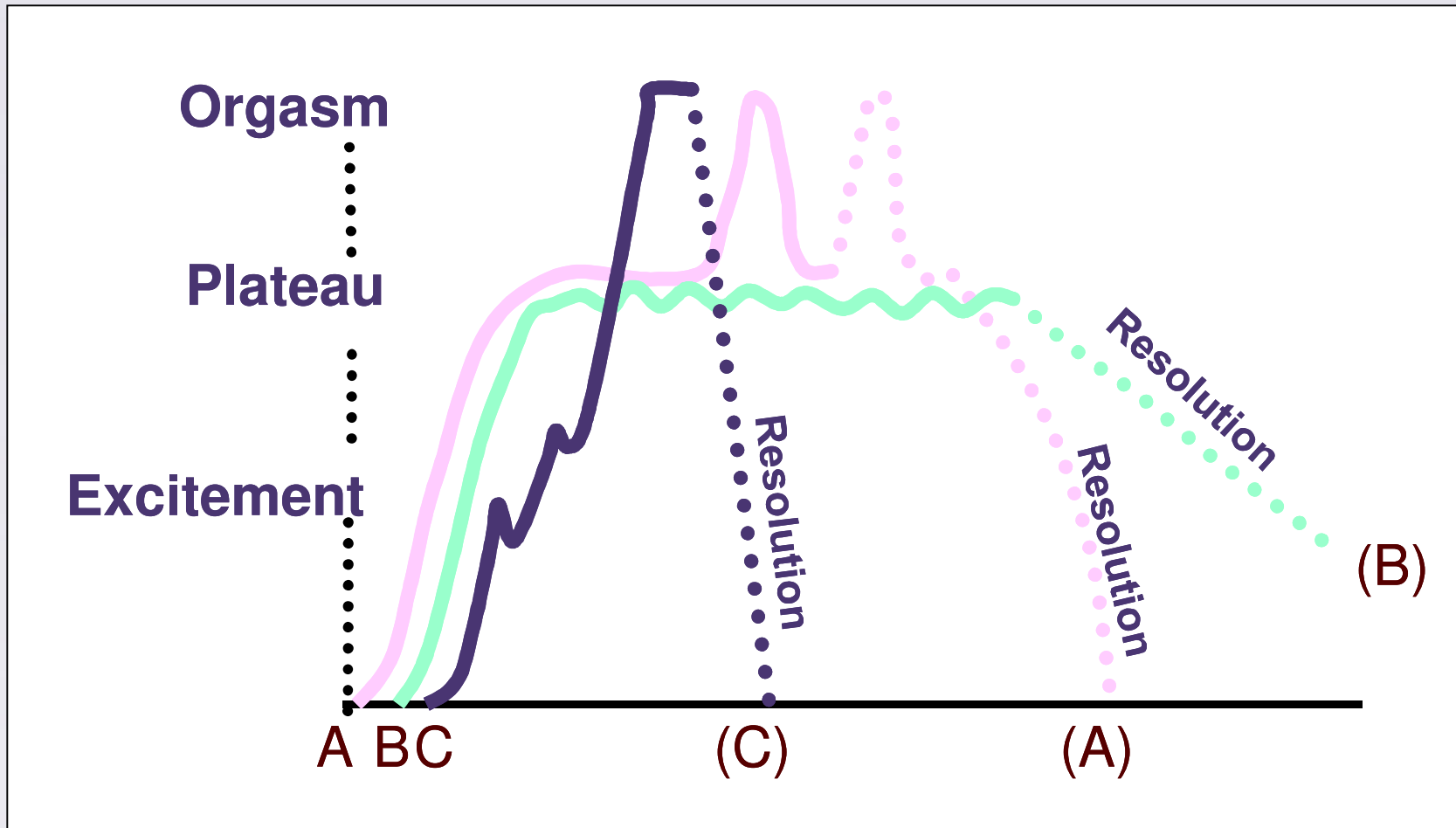
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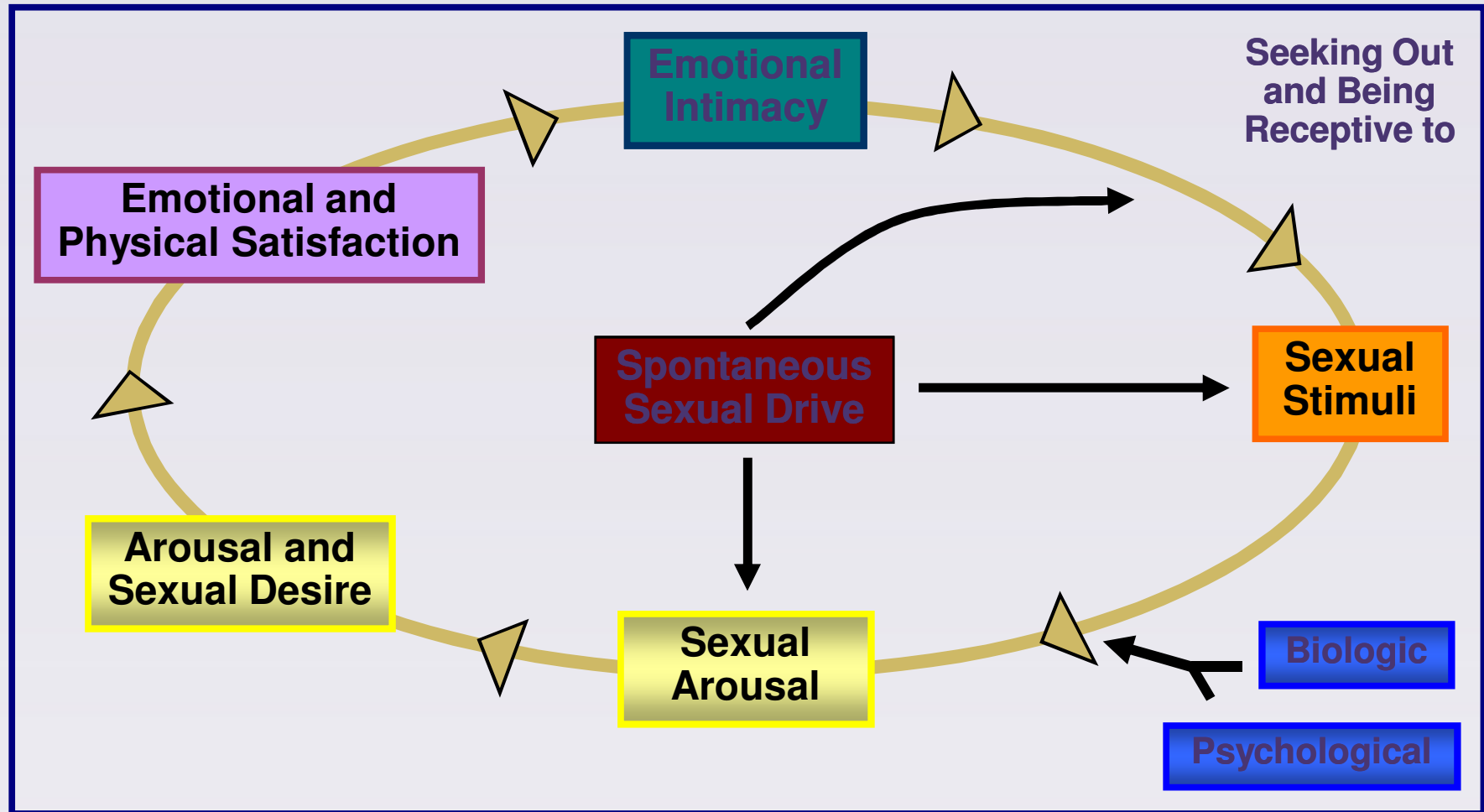
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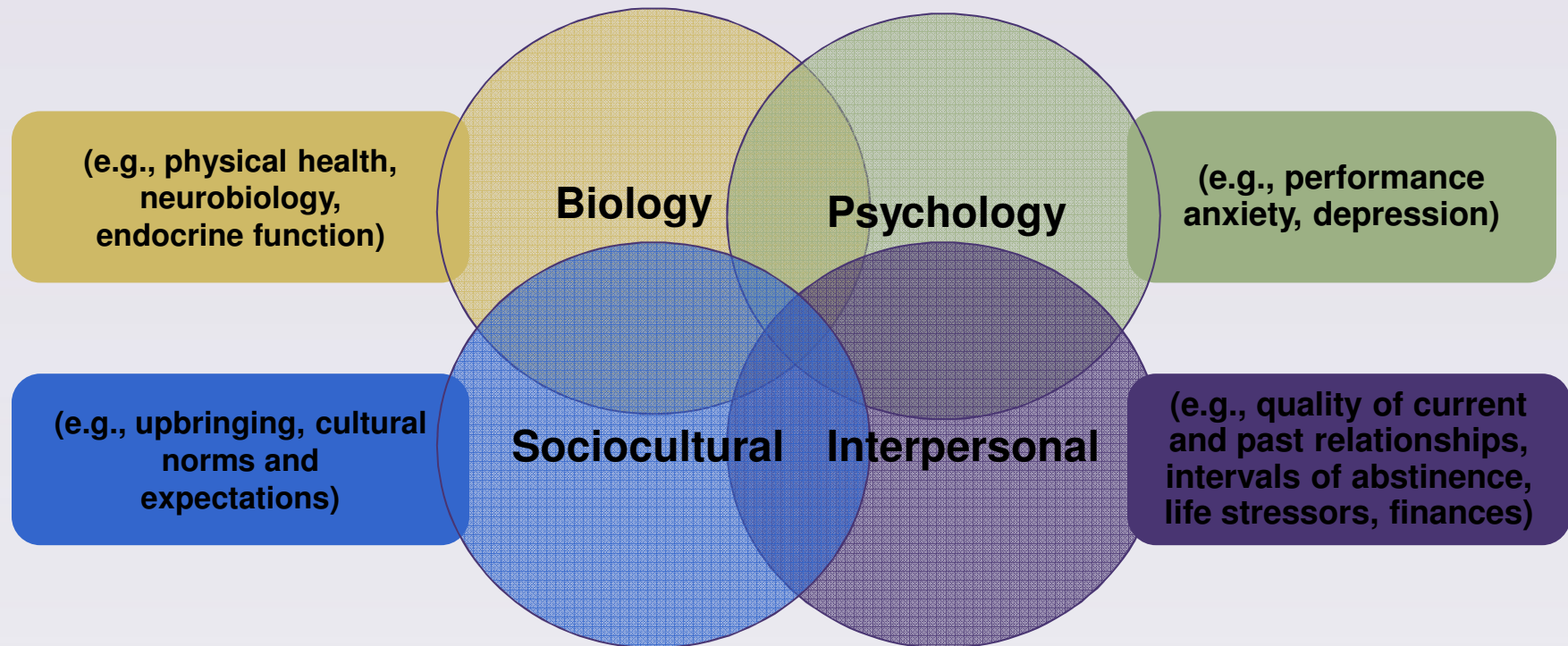
# Female Sexual Response Cycle



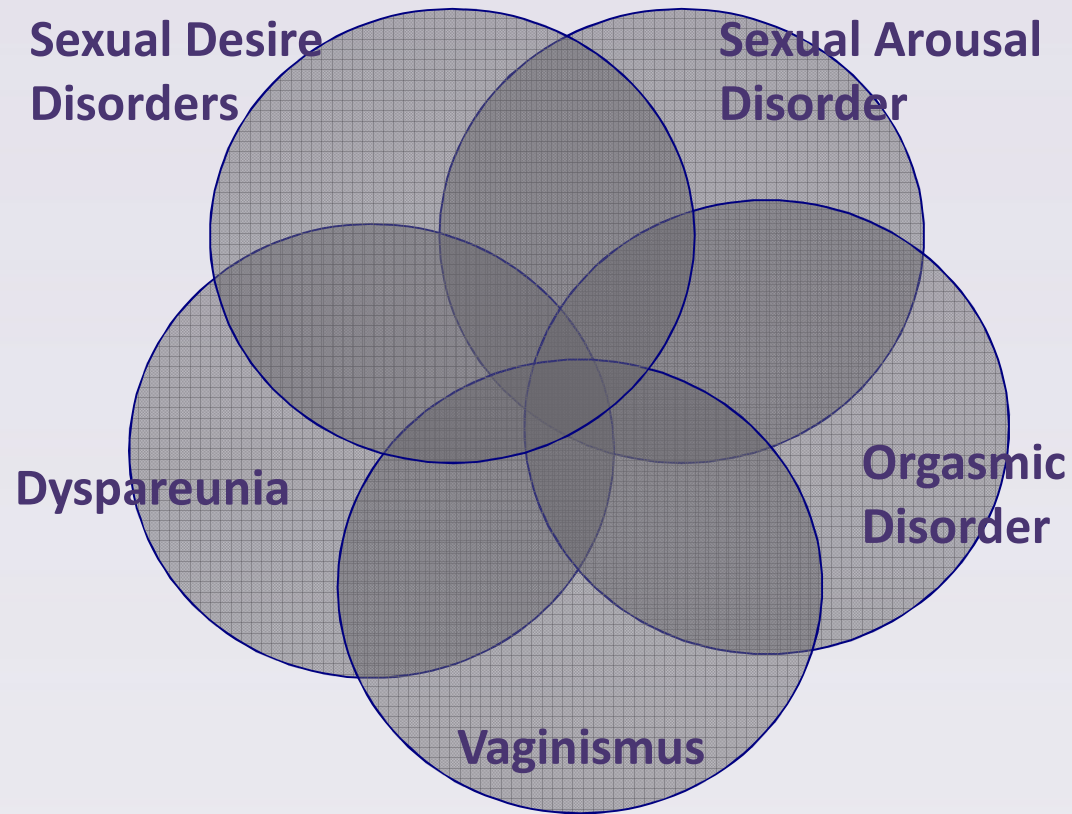
# Female Sexual Response Cycle



# Biopsychosocial Model of Female Sexual Response



# Overlap of FSDs



Note: Not proportional, diagram for illustrative purposes only.

# Female Sexual Dysfunction (FSD): DSM-IV-TR Definitions

All FSDs are classified as persistent or recurrent, and as causing “marked distress” or “interpersonal difficulty.” Also sexual dysfunction is not better accounted for by another Axis I disorder and is not exclusively due to physiological effects of a substance (eg, drug abuse or medication) or general medical condition.

Sexual Desire Disorders		DSM-IV Definitions
<b>Hypoactive Sexual Desire Disorder</b>	Deficiency or absence of sexual fantasies and desire for sexual activity	
<b>Sexual Aversion Disorder</b>	Aversion to and active avoidance of genital sexual contact with a sexual partner	
Sexual Arousal Disorders		DSM-IV Definition
<b>Female Sexual Arousal Disorder</b>	Persistent or recurrent inability to attain, or to maintain until completion of the sexual activity, an adequate lubrication-swelling response of sexual excitement	
Orgasmic Disorders		DSM-IV Definition
<b>Female Orgasmic Disorder</b>	Persistent or recurrent delay in, or absence of, orgasm following a normal sexual excitement phase	
Sexual Pain Disorders		DSM-IV Definitions
<b>Dyspareunia</b>	Genital pain that is associated with sexual intercourse	
<b>Vaginismus</b>	Recurrent or persistent involuntary contraction of the perineal muscles surrounding the outer third of the vagina when vaginal penetration with penis, finger, tampon, or speculum is attempted	

# Prevalence of Self-reported Sexual Problems

**43% of women between the ages of 18-59 (n=1749)**

**31% of men between the ages of 18-59 (n=1410)**

- Sexual dysfunction indexed according to 7 response items, each measuring presence of a critical symptom or problem during the past 12 months
- Response items included: lacking desire for sex; arousal difficulties; inability achieving climax or ejaculation; anxiety about sexual performance; climaxing or ejaculating too rapidly; physical pain during intercourse; and not finding sex pleasurable

**PRESIDE: Prevalence of Female Sexual Problems Associated with Distress and Determinants of Treatment Seeking Study**

# Prevalence of Self Reported Sexual Problems from the PRESIDE Survey

Nearly one in 10 women reported low desire with sexually-related personal distress, a problem that can be a primary medical condition known as Hypoactive Sexual Desire Disorder (HSDD) or secondary to other chronic medical conditions (e.g., depression, thyroid conditions) or medication use.

## Prevalence of Sexual Problems Associated with Distress (PRESIDE)

Age-stratified prevalence	Desire	Arousal	Orgasm	Any
18-44 years	2,868/ 28,447 8.9%	1,556/ 28,461 3.3%	1,315/ 27,854 3.4%	3,456/ 28,403 10.8%
45-64 years	12.3%	7.5%	5.7%	14.8%
65 years or older	7.4%	6.0%	5.8%	8.9%

# Components of Sexual Desire

- Drive
- Expectations, Beliefs and Values
- Motivation

# Decreased Sexual Desire With Distress Negatively Impacts Women's Lives

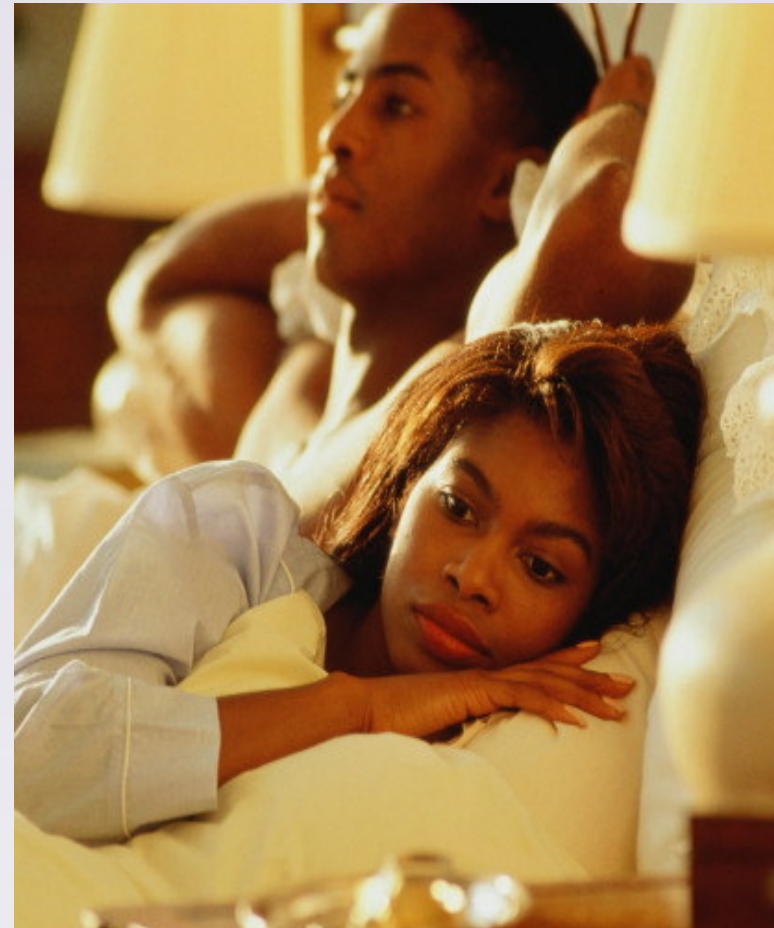
- Decreased sexual desire is associated with negative effects including:
  - Poor self-image and mood instability including depression
  - Strained relationships with partners



# Characteristics of Women With Low Desire and Distress Include Current Partner Relationship and Depression

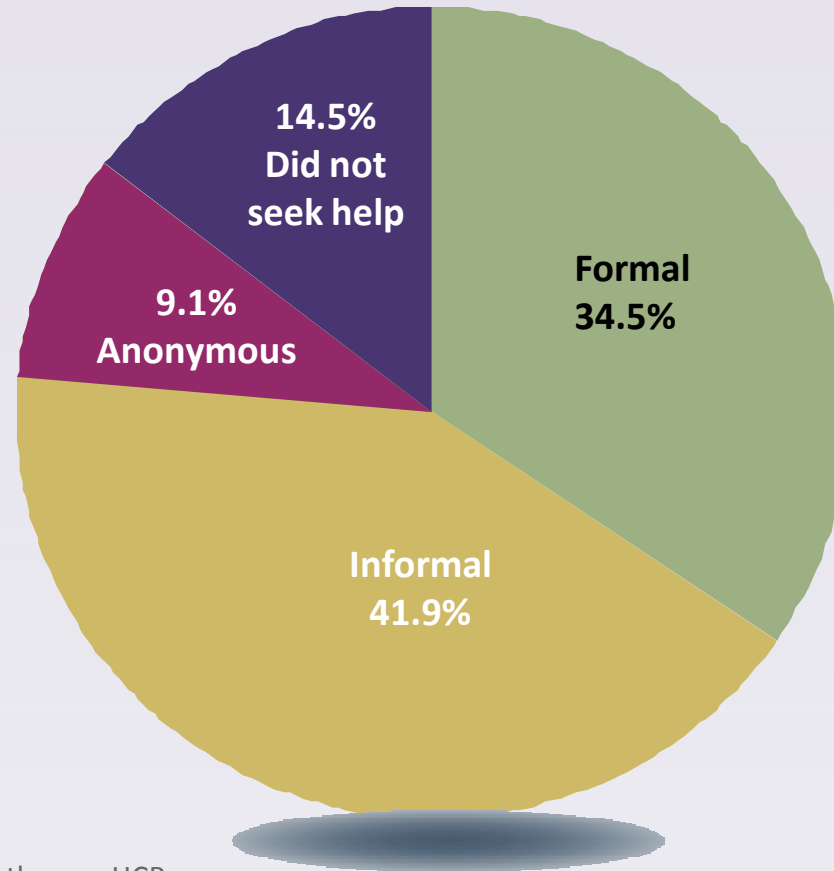
Includes most characteristics  $\geq 30\%$  from the study (n=2,868)

Characteristic (Women With Low Desire and Distress)	(Women	Patients (%)
Current partner		80.7
Premenopausal (ages $\leq 55$ )		63.9
Presence of other sexual problems (arousal or orgasm or both)		52.5
Depression		44.6
Extremely dissatisfied with sex life		37.4
Sought formal* care for sexual problems		35.6
Currently taking antihypertensive or cholesterol-lowering medication		34.7
Arthritis		32.3
Parity (having 2 children)		32.1
Hypertension		32.1
$\geq 4$ chronic medical conditions		30.0



# In PRESIDE About One-Third of Women With A Distressing Sexual Problem Sought Formal Care

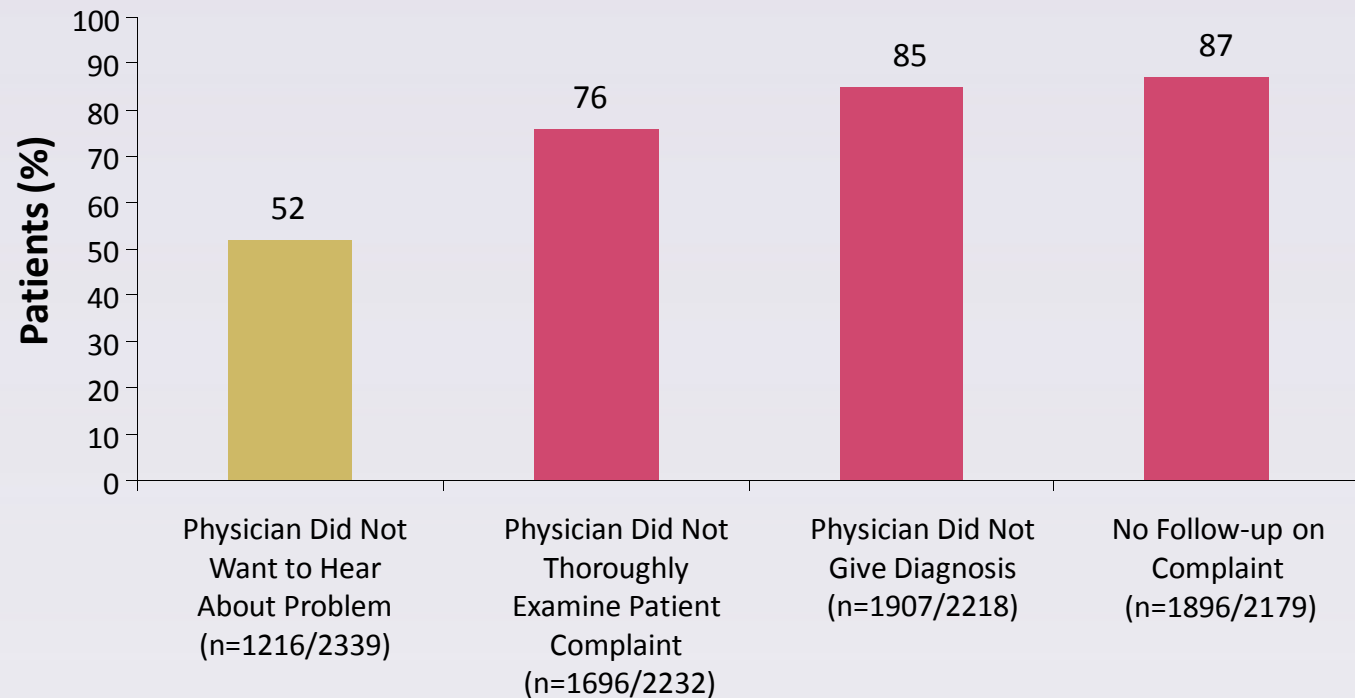
Type of Help-Seeking (n=3,239)



Formal=HCP; informal=anyone other than an HCP.

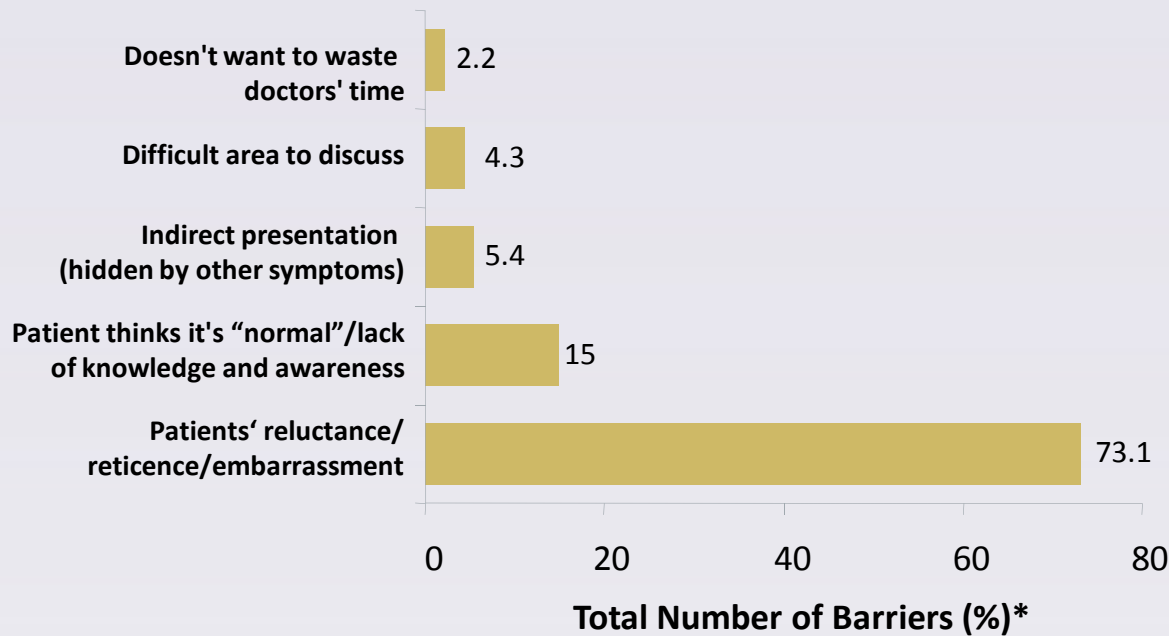
# Patients Believe HCPs Are Unconcerned About Their Sexual Problems

## Patient Experience of Physician Reactions (N=3,807)



# Physicians Perceive Patients as Reluctant to Bring Up Sexual Issues

## Patient Barriers Identified by HCPs in the Management of Sexual Dysfunction (n=133 HCPs)



\*Total number of patient barriers=93; most physicians identified more than one barrier.

# HCPs Encounter Other Barriers When Taking Sexual Histories From Their Patients

## Other Barriers

- Not enough time to treat FSDs
- Not asking about FSDs / fear of “opening the floodgates”
- HCP embarrassment / lack of sensitivity
- Patient discomfort
- Lack of confidence in diagnosing
- Lack of confidence in managing FSDs
- Lack of experience taking sexual history
- Underestimation of the prevalence of sexual dysfunction

# In Conclusion

- Sexual dysfunction affects more women than men and can manifest itself at any point in a woman's life
- Nearly one in 10 women reported low desire with sexually-related personal distress, a problem that can be a primary medical condition known as Hypoactive Sexual Desire Disorder, or HSDD
- Decreased sexual desire associated with HSDD can cause negative effects for women, such as poor self-image and mood instability including depression
- Despite being a common condition, communication between women and their physicians, and their partners about HSDD and other sexual dysfunctions remains a challenge

# Questions